

Modified Physical Activity Readiness Questionnaire

Child's Name:			Date:
Date of Birth:	Age	Home Phone	Work Phone
Your Name:			

Regular exercise is associated with many health benefits, yet any change in physical activity may increase the risk of injury. Please read each question carefully and answer every question honestly in regards to the health of your child:

Yes	No	Don't Know	1) Has a physician ever said your child has a heart condition <u>or</u> your child should only do physical activity recommended by a physician?
Yes	No	Don't Know	2) When your child exercises does he or she feel pain in the chest?
Yes	No	Don't Know	3) Does your child lose balance because of dizziness or does your child ever lose consciousness?
Yes	No	Don't Know	4) Does your child have a joint or bone problem that may be made worse by physical activity?
Yes	No	Don't Know	5) Does your child currently have high blood pressure?
Yes	No	Don't Know	6) Does your child have diabetes?
Yes	No	Don't Know	7) Does your child have asthma?
Yes	No	Don't Know	8) Does your child take any medication that may affect exercise capacity
Yes	No	Don't Know	9) Do you know of any other reason your child should not exercise or increase physical activity? If yes, please explain on back of this form.

Parent signature:	Date
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